

ATTENDEES:

(P) Geoff Ritchie	(P) Ricco Bhasin	(P) Susan Britton Payne	(P) Jasmine Tehara
(P) Kulvir Singh Gill	(P) Linda Franklin	(P) Mark Beckles	(P) Michael Torrance
(P) Pardeep Singh Gill	(P) David Charron	(P) Stuart Johnston	(P) Dr. Frank Martino
(P) Dr. Naveed Mohammad	(P) Tiziana Rivera	(P) Dr. Victor Rajkotwala	(P) Dr. I. Ciric
(P) Brenda Bushey (Resource)			

Kiki Ferrari

Florine Lobo

Ann Ford

James Moolecherry

1.0 CALL TO ORDER & DECLARATION OF CONFLICT

The meeting was called to order. No declarations of conflict were made.

MOVED, seconded

That the agenda be approved - CARRIED

1.1 CHAIR'S REPORT

The Chair advised that the process of review of the CEO's goals and objectives has begun. A preliminary discussion has occurred with the CEO. A final version of the goals and objectives document is currently being developed and will be shared with the Executive Committee and subsequently with the full Board in the coming weeks. The focus of this report has been on recovery with specific attention to the staff and teams.

The Capital Development Working Group has held its first meeting which included an overview of the current state of the organization. Monthly meetings have been scheduled for the remainder of the fiscal year. It is the intent of the working group to bring forward recommendations to the Board for discussion and approval during the next 12 months.

Members were thanked for completing the individual member and Chair evaluation surveys. The Chair will schedule discussions with each member to review the feedback. The Governance & Human Resources Committee will also review the results of the Chair evaluation and bring back to the full Board for discussion in June.

A new ethical framework has been developed to provide a standardized approach for the Board when working through ethical issues, addressing conflicts of interest and making decisions. This document has been included in the Board materials and will be a standing reference in all Board packages going forward.

2.0 CONSENT AGENDA

One motion is required to approve all items included in the Consent Agenda. A reminder was provided that any of the items contained within the Consent Agenda may be placed on the regular agenda for discussion. A summary of the motions are contained within the Consent Agenda. Due to the timing of meetings, the minutes of the Governance & Human Resources Committee and Resources & Audit Committee will be distributed at a later date.

The following items are included within the Consent Agenda for approval:

- CA 2.1 Board Minutes: *April 28, 2021*
- CA 2.2 MAC Minutes: *May 12, 2021*
- CA 2.3 Governance & Human Resources Committee Minutes: *May 21, 2021 (deferred)*
- CA 2.4 Health Services & Quality Committee Minutes: *May 4, 2021*
- CA 2.5 Resources & Audit Committee Minutes: *May 20, 2021 (deferred)*

MOVED, seconded

That the items listed within the consent agenda be approved – CARRIED.

Q: A question was asked regarding the MedRec on discharge results reported on page 22 of the MAC minutes. Are there any concerns regarding the results for the surgical units; how are these results compared to last year; what is driving the results?

It was noted that the surgical program is the only program yet to achieve a yellow or green result. Members of the surgical leadership team have been paired up with the hospitalists to improve results. Management is confident that improvement will be observed in this area and efforts are underway to continue to encourage, promote and educate physicians on the use of medication reconciliation processes.

Q: Osler has been provided out-of-province assistance to deal with the pandemic volumes. Have there been any new learnings since the arrival of these individuals?

The out-of-province teams have been complimentary of the services provided at Osler and have been impressed with the tremendous focus placed on safety for patients and staff. Osler staff continue to note the humility and generosity expressed by the external team and continue to be inspired.

It was noted that the expectations of Osler's communities are not always obvious, however, external observers continue to be impressed by the organization and the systems and processes in place.

Q: What is the capacity of the healthcare heroes and wellness program in terms of scale and sustainability; is this part of a bigger program?

There has been a significant focus on the health and wellness of staff, physician and volunteers since the beginning of the pandemic. Some initiatives have been put in place as a temporary measure (such as message therapy, respite rooms, etc.). Base initiatives will continue as part of a larger health and wellness strategy.

3.0 BUSINESS ARISING

3.1c CHAIR'S REPORT: Resources & Audit Committee

A report was provided by the Chair of the Resources & Audit Committee which reflects discussions from the May 20, 2021 meeting. Due to the timing of the meeting, the minutes were not available and will come forward for approval at the next meeting.

The Committee focused its discussion on the Q4 financial results. [REDACTED]

It is important to note that when the results were presented to the Board in March, COVID funding was based on a definition related to incremental COVID costs. Funding has been accessed through three categories: incremental expense claims, unearned Ministry revenues and lost non-Ministry revenues. Hospitals were advised to submit incremental expenses over its base budget under the incremental category. [REDACTED]

Deloitte presented its findings relating to the year-end audit. [REDACTED]

[REDACTED] Deloitte complimented Osler's financial team noting that this year's audit was specifically more difficult due to the challenges created by COVID.

The Chair of the Committee, Florine Lobo and the finance team were thanked for their efforts and congratulated on a clean audit and for ending the year in a surplus position.

Q: *What are our greatest worries going into next year?*

The greatest concern for 2021/22 is the lack of clarification on the process for reimbursement of COVID expenses. Every hospital is in a different financial position, with Osler being one of the worst hit in the province. [REDACTED]

It was noted that with Osler being one of the hardest hit in the province, the organization will have a greater difficulty returning back to a normal state of recovery. COVID reimbursement will be treated differently from expenses related to recovery.

[REDACTED]

[REDACTED]

[REDACTED] A formal evaluation survey has been distributed to the committee for input. A recommendation will be brought back to the June Board meeting and will be ratified as part of the Annual General Meeting proceedings.

MOVED, Seconded

That the Board of Directors approve the Q4 2021 Financial Statements as presented and recommended by the Resources & Audit Committee;

That the Board of Directors approve the draft Audited Financial Statements of William Osler Health System for the Year Ended March 31, 2021 as presented – CARRIED.

MOVED, Seconded

That the Board of Directors authorize the CEO to sign off on the Ministry of Children Community and Social Services 2020/21 Transfer Payment Annual Reconciliation as recommended by the Resources & Audit Committee - CARRIED

In order to provide continuity in its membership as Osler prepares for the upcoming Accreditation Survey, a recommendation is being presented to extend the term of David Craig who is a community committee representative and whose term will expire in June 2021.

MOVED, Seconded

That the Board of Directors approve the extension of David Craig's term as community committee representatives for the Resources & Audit Committee of the Board to June 2022 – CARRIED.

Thank you for time and effort.

4.0 NEW BUSINESS

4.1 REPORT OF THE PRESIDENT & CHIEF EXECUTIVE OFFICER

A written report was provided for information. Highlights from the report were noted as follows.

The Board was advised that the Corporate PSA meeting was held this week. [REDACTED]

[REDACTED] A brief overview of the discussion and outcome was shared with the Board.

Michelle DeEmanuele, President & CEO of Trillium Health Partners has been appointed by Premier Ford as Cabinet Secretary and head of Ontario's Public Service.

An update on the vaccine efforts was provided. The region is approaching a 70% vaccination rate for all those individuals eligible. It was noted that the supply of vaccinations has decreased for Osler. The positivity rate continues to decrease. Transfers to other hospitals have also decreased. There are currently 144 patients in the COVID@home

program receiving services. Osler continues to ramp up its efforts to recruit and retain staff. Plans are underway to gradually resume services.

Efforts also continue with government partners to ensure that they are kept up to date on activities and issues that are arising at Osler. The response from City Council has been very positive.

[REDACTED]

Dr. Mohammad advised that he has had preliminary discussions with the Board Chair regarding his goals and objectives for the 2021/22 period. Discussions will continue and results will be shared with the full Board once complete.

Q: Recent media identified a conflict between firefighters assisting with the vaccination clinics versus retired nurses; can you provide additional information on this situation?

The Fire Chief approached the CEO directly with an offer to assist with the vaccination efforts. The firefighters have been a valuable addition not only in providing assistance but with the promotion of vaccine drives within the community. Only a handful of individuals were certified to assist with the administration of the vaccines to ensure the appropriate level of competency. Retired nurses have been given the opportunity to provide assistance.

Q: Data shows that there were [REDACTED] how do those numbers relate to the COVID@home program; how many individuals ended up back in hospital?

It was stated that the survival rate for individuals admitted to the ICU is approximately 20-25%. The COVID@home program uses a defined selection process. Those individuals may return to the hospital during the course of their treatment but are more likely to be admitted to a general ward versus the ICU.

[REDACTED]

[REDACTED]

[REDACTED]

Q: It was previously reported that some nursing staff were upset with the redeployment of physicians – is there any update?

A number of physicians were redeployed as physician extenders. These positions are paid through OHIP at an hourly rate. The hourly rate is significantly higher than the hourly rate of nurses. Although Osler acknowledges and empathizes with the nurses, it has been reiterated that Osler is not responsible for setting the physician rate of pay. Ongoing discussions are currently underway with the Ontario Hospital Association to advocate for nurses in respect to their wages.

Q: The COVID@home program is an example of the sustainability criteria identified within the ethical decision making framework promoting both safe and error free care. This model is also people centric. How do we ensure patients feel comfortable in being sent home rather than being sent to another location for care? How do we ensure they are safe and are comfortable returning to hospital if necessary?

The patient satisfaction survey asks individuals how confident they feel on discharge. The confidence rate was higher from individuals who were inpatients than those who were patients in the emergency department. Patients that are going home under this program are safe to go home. This is an example of how an organization can achieve good patient care while working collaboratively with the Ontario Health Team partners. It is hopeful that this model will be extended to other programs.

Q: In respect to the vaccine program, is there an opportunity to transfer this responsibility to Public Health? Are there opportunities to outsource some services to free up staff and reduce current workloads?

Assessment, testing and vaccinations will gradually be shifted to Ontario Health and Public Health. It is likely that the hospital will remain active in the vaccination efforts until September to address the need for second shots. Primary care and pharmacies will also be involved in the vaccination efforts come the fall.

[REDACTED]

[REDACTED]

4.2 REPORT OF THE CHIEF OF STAFF

A written report was provided for information.

[REDACTED]

A request has been received from the Professional Staff Association to provide additional information on physician governance. A number of education sessions will be developed that will focus on bylaws, rules and regulations, physician code of conduct, internal processes, etc. The intent is to create greater transparency and sharing of knowledge.

The reappointment cycle is now complete for the current cycle. A slate of [REDACTED] physicians will be brought forward to the Board in June for approval.

A special thanks was extended to those physicians who were part of Osler's redeployment initiative. A number of physicians were community based and not affiliated with Osler. A zoom meeting is scheduled with all participants to thank them for their efforts and to debrief on lessons learned from this experience.

3.1a CHAIR'S REPORT: Governance & Human Resources Committee

The Chair's report was included in the package which reflects discussions from the April 8, 2021 Governance & Human Resources Committee meeting. A discussion will occur during the in-camera portion of the meeting regarding the succession plans for the executive team and physician leadership. The Board was reminded of its role in this process which is to provide oversight and to ensure that appropriate processes and plans are in place to mitigate any risk to the organization.

A special thanks was provided to everyone for participating in the May 17 accreditation workshop. The Board was reminded that the governance functioning tool will be released on May 31. Accreditation Canada has confirmed that the survey will take place on October 25 & 26, 2021 for the leadership and governance survey. Specific timing details will be provided closer to the dates.

4.1b CHAIR’S REPORT: Health Services & Quality Committee

A report was pre-distributed from the Chair of the Health Services & Quality Committee which reflects discussions from the May 21, 2021 meeting. The Committee received an update from the Patient Experience Officer who advised that patient complaints have increased and the time to respond is slipping due to the continued high volumes. This information will be reviewed again in the fall. Details are provided in the minutes of the Committee meeting. In addition, the risk register was also reviewed. There was a slight increase to the metric related to Quality, however, no action is required at this time.

The Committee discussed the need for continuity as the Board prepares for the upcoming Accreditation Survey. As a result, a recommendation is being presented to extend the term of Leslie Barnes who is a community committee representative and whose term will expire in June 2021.

MOVED, Seconded

That the Board of Directors approve the extension of Leslie Barnes’ term as community committee representatives for the Health Services & Quality Committee of the Board to June 2022 – CARRIED.

5.0 IN-CAMERA

An overview of the succession plans for the Chief Executive Officer, Chief of Staff, Executive Leadership Team and Physicians Leaders was provided.

[REDACTED]

6.0 ADJOURNMENT

MOVED, Seconded

That the meeting be adjourned – CARRIED